



## MOTOR VEHICLE INSPECTION STATION APPLICATION

<b>INSTRUCTIONS</b> PREPARE IN DUPLICATE WHEN FAMILIAR WITH THE MOTOR VEHICLE INSPECTION REGULATIONS. PLACE "X" IN THE APPROPRIATE BOXES.						
BUSINESS NAME OR GOVERNMENTAL UNIT					STATION PERMIT NUMBER	
MAILING ADDRESS				COUNTY	TROOP	
CITY				ZIP CODE	AREA CODE & TELEPHONE NUMBER	
SHIPPING ADDRESS (IF DIFFERENT THAN ABOVE)					ZIP CODE	
<b>TYPE &amp; CLASS OF STATION</b> WHAT KINDS OF VEHICLES WILL BE INSPECTED?						
CLASS <input type="checkbox"/> A - ALL VEHICLES <input type="checkbox"/> B - MOTOR VEHICLES <input type="checkbox"/> C - MOTORCYCLES ONLY <input type="checkbox"/> D - COMMERCIAL VEHICLES						
TYPE <input type="checkbox"/> PUBLIC (ALL VEHICLES)		<input type="checkbox"/> PRIVATE (APPLICANT'S VEHICLES ONLY)		<input type="checkbox"/> GOVERNMENT (SPECIFIED GOVERNMENT ONLY)		
PRIMARY BUSINESS OR FUNCTION <input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> GR - GENERAL REPAIR <input type="checkbox"/> SC - SERVICE CENTER <input type="checkbox"/> GS - GASOLINE SALES <input type="checkbox"/> OT - OTHER		<input type="checkbox"/> NV - NEW VEHICLE DEALER <input type="checkbox"/> UV - USED VEHICLE DEALER <input type="checkbox"/> FO - FLEET OPERATION <input type="checkbox"/> SH - SCHOOL <input type="checkbox"/> OT - OTHER		<input type="checkbox"/> SH - SCHOOL DISTRICT <input type="checkbox"/> FD - FEDERAL <input type="checkbox"/> ST - STATE <input type="checkbox"/> CO - COUNTY <input type="checkbox"/> CT - CITY <input type="checkbox"/> OT - OTHER		
BUSINESS STRUCTURE <input type="checkbox"/> SP - SOLE PROPRIETORSHIP <input type="checkbox"/> PT - PARTNERSHIP <input type="checkbox"/> LLC - LIMITED LIABILITY CORPORATION <input type="checkbox"/> CR - CORPORATION						
LIST EACH BUSINESS OWNER(S) OR CORPORATE OFFICERS						
SUBSIDIARY BUSINESSES OR UNITS (LIST SUBSIDIARIES WHOSE VEHICLES WILL BE INSPECTED UNDER A WRITTEN MAINTENANCE AGREEMENT.)						
PERSON AT STATION IN CHARGE OF INSPECTIONS						
				TITLE		
DAYS & HOURS WHEN INSPECTIONS WILL BE MADE (FILL IN THE NORMAL STARTING & STOPPING TIME FOR EACH INSPECTION DAY.)						
SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
TO	TO	TO	TO	TO	TO	TO
<b>INSPECTOR MECHANIC PERSONNEL</b> (LIST ONLY ACTIVE MECHANICS THAT HAVE A VALID INSPECTOR MECHANIC PERMIT.)						
LAST NAME		PERMIT NUMBER		LAST NAME		PERMIT NUMBER
01				02		
03				04		
05				06		
07				08		
09				10		
<b>CERTIFICATION OF OWNER, MANAGER OR GOVERNMENT DIRECTOR</b>						
I CERTIFY THAT ALL INFORMATION IN THIS APPLICATION IS ACCURATE AND COMPLETE.  SIGNATURE				TYPE OR PRINT NAME		
				TITLE OR POSITION		DATE
<b>ACTION RECOMMENDED ON APPLICATION</b>						
INSPECTION STATION APPLICATION <input type="checkbox"/> APPROVED <input type="checkbox"/> NOT APPROVED				(IF THE FACILITIES OR EQUIPMENT ARE INADEQUATE OR IF THE PERSONNEL ARE NOT QUALIFIED, MAKE COMMENTS IN REMARKS.)		
APPLICATION APPROVED AS A <input type="checkbox"/> NEW STATION <input type="checkbox"/> STATION RENEWAL <input type="checkbox"/> REINSTATED STATION						
TYPE OF STATION APPROVED <input type="checkbox"/> PUBLIC <input type="checkbox"/> PRIVATE <input type="checkbox"/> GOVERNMENTAL				CLASS OF STATION APPROVED <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D		
SUPERVISION OF INSPECTION STATION ASSIGNED TO: NAME					BADGE	
INSPECTION STATION APPROVED BY: NAME					BADGE	DATE

FACILITIES & EQUIPMENT				
FACILITIES (MARK "X" IF ADEQUATE)		EQUIPMENT & METHODOLOGY (MARK "X" IF ADEQUATE)		
NUMBER OF INSIDE LANES APPROVED _____		LIST BRAND AND MODEL OF EACH GAUGE.		
LENGTH _____ WIDTH _____		<b>BRAKE CHECK: ONE REQUIRED</b>		
LENGTH _____ WIDTH _____		<input type="checkbox"/> R - DRIVE AND STOP TEST		
APPROVED OUTSIDE AREA _____		<input type="checkbox"/> D - DECELEROMETER _____		
LENGTH _____ WIDTH _____		<input type="checkbox"/> B - BRAKE MACHINE _____		
<input type="checkbox"/> FLOOR SURFACE		<b>HOISTING DEVICE</b>		
<input type="checkbox"/> LIGHTING		<input type="checkbox"/> LIFT		
<input type="checkbox"/> HEATING & VENTILATION		<input type="checkbox"/> JACK _____		
<input type="checkbox"/> PERMITS, POSTERS & SIGNS PROPERLY DISPLAYED		<b>GAUGES: ALL REQUIRED</b>		
<input type="checkbox"/> MVI REGULATIONS & BULLETINS		<input type="checkbox"/> BALL JOINT GAUGE _____		
<input type="checkbox"/> RECORDS SAFETY & MAINTENANCE		<input type="checkbox"/> BONDED BRAKE LINING GAUGE _____		
<input type="checkbox"/> CLEANLINESS OF INSPECTION AREA		<input type="checkbox"/> DISC BRAKE GAUGE _____		
<input type="checkbox"/> TAPE OR RULER FOR LINEAR MEASURING _____		<input type="checkbox"/> RIVETED BRAKE LINING GAUGE _____		
<input type="checkbox"/> WINDSHIELD STICKER REMOVER (SCRAPER) _____		<b>REQUIRED FOR SCHOOL BUS INSPECTIONS:</b>		
<input type="checkbox"/> STICKER / DECAL VALIDATING PUNCH _____		<input type="checkbox"/> TIRE TREAD DEPTH GAUGE - 1/32" INCREMENTS		
<input type="checkbox"/> HEAVY DUTY STAPLER _____		<input type="checkbox"/> 1/2" HEX NUT TIED TO 30" OR LONGER 1/8" DRAWSTRING		
REMARKS				
<div></div>				
SPACE BELOW IS FOR MVI ADMINISTRATION				
FEE RECEIVED	IDENTIFYING NUMBER	TRANSACTION HANDLED	DATE PROCESSED	CLERK APPROVING
<input type="checkbox"/> CHECK		<input type="checkbox"/> VIA MAIL		
<input type="checkbox"/> MONEY ORDER		<input type="checkbox"/> VIA TROOP		